

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Ending Spending Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00489856		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>		
Full Name of Payee FP1 Strategies, LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>		
Mailing Address P. O. Box 16504			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12525.00</div>		
City State Zip Code Alexandria VA 22302		Transaction ID : SE.6017 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>			
Purpose of Expenditure media production		Category/ Type			
Name of Federal Candidate Mary Michelle Nunn			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3875139.84</div>		
			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Greener and Hook			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>		
Mailing Address 2101 Wilson Blvd., Suite 402			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3200.00</div>		
City State Zip Code Arlington VA 22201		Transaction ID : SE.6019 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>			
Purpose of Expenditure media production		Category/ Type			
Name of Federal Candidate Mary Michelle Nunn			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3862614.84</div>		
			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">15725.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">15725.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Nancy H. Watkins</u>			Date <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">/</div><div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div> </div> </div>		
			[Electronically Filed]		